

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031113

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 57

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY **Washington**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Mineral Point, Missouri**

Length of stay in 1b

15 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1 mile N of Mineral Pt.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Washington**

c. CITY
OR TOWN

Mineral Point,

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Rt. 1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Florence

Middle

M.

Last

Emily

4. DATE
OF DEATH

Month

July

Day

27

Year

1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 17-71

9. AGE (last birthday)

92

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house-work

10b. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (City and state or country)

Richwoods, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Emily

13b. MOTHER'S MAIDEN NAME

Agnes Courtway

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16a. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. John Eckhoff Mineral Point, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Bronchial Pneumonia
following fracture left
hip**

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour - Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 1963** to **July 27/63** and last saw her alive on **June 24/63**
Death occurred at **3:50** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-30-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Stephens

23d. LOCATION (City, town, or county)

Richwoods

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Missouri

25. DATE REC'D. BY LOCAL REG.

7/29/63

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
1 1100		
2 1100		
3		
4 1		
5 0		
6		
7 0		
8 0		
9 0		
10 0		
11		
12 10-2		
13 1-0		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Totoni, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.